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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/748450-Conf. #2366	
	Filing Date	December 30, 2003	
	First Named Inventor	Richard L. BOYD	
	Art Unit	1644	
	Examiner Name	M. A. Belyavskyi	
Total Number of Pages in This Submission	4	Attorney Docket Number	0286336.00150US1/NOR-011CP2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Ann-Louise Kerner, Ph.D.		
Date	March 16, 2006	Reg. No.	33,523

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: March 16, 2006	Signature: (Sarah Farris)



PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**(\$)**180.00****Complete if Known**

Application Number	10/748450-Conf. #2366
Filing Date	December 30, 2003
First Named Inventor	Richard L. BOYD
Examiner Name	M. A. Belyavskiy
Art Unit	1644
Attorney Docket No.	0286336.00150US1/NOR-011CP2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **08-0219** Deposit Account Name: **Wilmer Cutler Pickering Hale and Dorr LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **1806 Submission of an Information Disclosure Statement** **180.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,523	Telephone	(617) 526-6000
Name (Print/Type)	Ann-Louise Kemer, Ph.D.	Date	March 16, 2006		

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Dated: March 16, 2006

Signature: (Sarah Farris)

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Dated: March 16, 2006

Signature: *Sarah Farris*

(Sarah Farris)

Docket No.: 0286336.00150US1/NOR-011CP2
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Richard L. BOYD

Application No.: 10/748450

Confirmation No.: 2366

Filed: December 30, 2003

Art Unit: 1644

For: STIMULATION OF THYMUS FOR
VACCINATION DEVELOPMENT

Examiner: M. A. Belyavskyi

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

Dear Sir:

Pursuant to 37 CFR 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08, copies of which are enclosed. It is respectfully requested that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits and before the mailing date of a final Office Action or a Notice of Allowance. Please charge the \$180.00 fee to our Deposit Account No. 08-0219.

Applicant requests that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

Dated: March 16, 2006

Respectfully submitted,

03/20/2006 CNEGA1 00000075 080219 10748450

01 FC:1806 180.00 DA

By *Ann-Louise Kerner*

Ann-Louise Kerner, Ph.D.

Registration No.: 33,523

WILMER CUTLER PICKERING HALE AND
DORR LLP

60 State Street
Boston, Massachusetts 02109
(617) 526-6000
Attorney for Applicant



PTO/SB/08a/b (07-05)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/748450-Conf. #2366
				Filing Date	December 30, 2003
				First Named Inventor	Richard L. BOYD
				Art Unit	1644
				Examiner Name	M. A. Belyavskiy
Sheet	1	of	1	Attorney Docket Number	0286336.00150US1/NOR-011CP2

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	CA	FITZPATRICK et al., "Reappearance of Thymus of Ageing Rats after Orchidectomy," Journal of Endocrinology, 1985, pp. R17-R19, Vol. 106.	
	CB	OLSEN et al., "Androgen Deprivation Induces Phenotypic and Functional Changes in the Thymus of Adult Male Mice," Endocrinology, 1991, pp. 2471-2476, Vol. 129, No. 5.	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
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